

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black  
lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A</b> For the 2009 calendar year, or tax year beginning Oct 01, 2009, and ending Sep 30, 2010	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization, number and street, city, town, state, and ZIP code The Breast Cancer Relief Foundation Inc 615 Baronne St Suite 301 New Orleans LA 70113
<b>D</b> Employer identification number 94-3065923	<b>E</b> Telephone number 504-529-3258
<b>G</b> Gross receipts \$ 39796530.	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H(b)</b> Are all affiliates included? If "No", attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no) 4947(a)(1) or 527	<b>J</b> Website: www.breastcancerrelief.org
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation 1987 <b>M</b> State of legal domicile DE

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities To serve the unmet needs of individuals with breast cancer and other serious disease through education, detection, prevention, medical relief and research support	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	5
<b>5</b> Total number of employees (Part V, line 2a)	6
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	
<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 61615675. Current Year 39725494.
<b>9</b> Program service revenue (Part VIII, line 2g)	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2568. 18181.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82509. 52855.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61700752. 39796530.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46717008. 26879484.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	314099. 349974.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	10481321. 9966388.
<b>b</b> Total fundraising expenses, (Part IX, column (D), line 25) ▶ 10882645.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3670895. 2556942.
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	61184133. 39752788.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	516619. 43742.
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 2173332. End of Year 2494858.
<b>21</b> Total liabilities (Part X, line 26)	56869. 334653.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2116463. 2160205.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign  
Here

Signature of officer

Date

8/10/2011

Michael P Whitehouse PhD

Chief Executive Officer

Type or print name and title

Paid

Preparer's

Use Only

Preparer's  
signature

Date

8/10/2011

Check if  
self-employed ☐Preparer's identifying number  
(see instructions)Firm's name (or yours  
if self-employed),  
address, and ZIP + 4Cecil J Cavanaugh, MBA, CPA  
10165 Gran Baton Rouge LA 70815-EIN ▶ 72-1327811  
Phone no ▶

May the IRS discuss this return with the preparer shown above? (See instructions)

☒ Yes☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

615 20

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

To serve the unmet needs of individuals with breast cancer and other serious disease through education, detection, prevention, medical relief and research support

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 13441315. including grants of \$ 13192110. ) (Revenue \$ )

The Breast Cancer Relief Foundation strives to save and improve the lives of those at risk of or suffering with breast cancer and related illnesses by supporting mammogram access, breast cancer research, and patient relief through financial assistance domestically and breast cancer and related health resources internationally SEE SCHEDULE O

**4b** (Code ) (Expenses \$ 13947144. including grants of \$ 13687374. ) (Revenue \$ )

The Breast Cancer Relief Foundation provides requested medications and supplies to our partners at overseas hospitals, clinics and foundations to assist impoverished individuals suffering with serious chronic diseases and other illnesses SEE SCHEDULE O

**4c** (Code ) (Expenses \$ 339002. including grants of \$ ) (Revenue \$ )

The Breast Cancer Relief Foundation provides information, resources and awareness about breast cancer and its early detection and prevention SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ )(Revenue \$ )

**4e** Total program service expenses ► 27727461.

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	3	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	6	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		X
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	5	
<b>1b</b> Enter the number of voting members that are independent	5	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?		X
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization?	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Michael Whiteh 615 Baronn New Orlean LA 70113 504-529-3258







**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	81168.			
	<b>b</b> Membership dues				
	<b>c</b> Fundraising events				
	<b>d</b> Related organizations				
	<b>e</b> Government grants (contributions)				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	39644326.			
	<b>g</b> Noncash contributions included in lines 1a-1f	\$ 26362484.			
	<b>h</b> Total. Add lines 1a-1f	39725494.			
<b>Program Service Revenue</b>	<b>2a</b> Business Code				
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> Total. Add lines 2a-2f				
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	18181.	18181.		
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties	52855.	52855.		
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal		
	<b>b</b> Less rental expenses				
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss)					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss)					
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
	<b>b</b> Less direct expenses	b			
	<b>c</b> Net income or (loss) from fundraising events				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	a			
	<b>b</b> Less direct expenses	b			
	<b>c</b> Net income or (loss) from gaming activities				
	<b>10a</b> Gross sales of inventory, less returns and allowances	a			
	<b>b</b> Less cost of goods sold	b			
	<b>c</b> Net income or (loss) from sales of inventory				
	<b>Miscellaneous Revenue</b>		Business Code		
	<b>11a</b>				
	<b>b</b>				
<b>c</b>					
<b>d</b> All other revenue					
<b>e</b> Total. Add lines 11a-11d					
<b>12</b> Total revenue					
See instructions	39796530.	71036.			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C) and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	382700.	382700.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	26496784.	26496784.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	293773.	175640.	81538.	36595.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	32264.	32264.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	23937.	14966.	6337.	2634.
11	Fees for services (non-employees)				
a	Management	63375.	63375.		
b	Legal	7882.		7882.	
c	Accounting	55400.		55400.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	9966388.			9966388.
f	Investment management fees				
g	Other	34503.		34503.	
12	Advertising and promotion				
13	Office expenses	8772.	3983.	4087.	702.
14	Information technology	37026.	37026.		
15	Royalties				
16	Occupancy	11335.		11335.	
17	Travel	63836.	33758.	30078.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27364.		27364.	
20	Interest	41683.		41683.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17791.		17791.	
23	Insurance	8442.		8442.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	SEE STMT	151680.			
b		34602.			
c		196417.			
d		78455.			
e		128081.			
f	All other expenses	1590298.			
25	<b>Total functional expenses.</b> Add lines 1 through 24f	39752788.	27727461.	1142682.	10882645.
26	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	11895499.	291477.	763204.	10840818.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	465023.	1	539204.
	2 Savings and temporary cash investments	267693.	2	517121.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30615.	4	24559.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1266600.	8	1144800.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 157389.		
	b Less: accumulated depreciation	10b 28277.	15831.	10c 129112.
	11 Investments - publicly traded securities	127570.	11	140062.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2173332.	16	2494858.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	56869.	17	334653.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	56869.	26	334653.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	2116463.	27	2160205.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	2116463.	33	2160205.
34 <b>Total liabilities and net assets/fund balances</b>	2173332.	34	2494858.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? ...

**b** Were the organization's financial statements audited by an independent accountant? ...

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ...  
 If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a consolidated basis, separate basis, or both  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ...

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

The Breast Cancer Relief Foundation

Employer identification number

94-3065923

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
- (ii) A family member of a person described in (i) above? 11g(ii) Yes No
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Yes No
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	

Total

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5798085.	20471689.	38897881.	61869275.	39725494.1	56762424.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	5798085.	20471689.	38897881.	61869275.	39725494.1	56762424.
<b>7 a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	2790135.	2352735.	5707271.	33637903.	13866322.	58354366.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b	2790135.	2352735.	5707271.	33637903.	13866322.	58354366.
<b>8 Public support.</b> (Subtract line 7c from line 6)						8408058.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	5798085.	20471689.	38897881.	61869275.	39725494.1	56762424.
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68132.	71557.	24252.	85077.	61290.	310308.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	68132.	71557.	24252.	85077.	61290.	310308.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, & 12)	5866217.	20543246.	38922133.	61954352.	39786784.1	67072732.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	64.89 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	64.52 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.19 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0.23 %
<b>19 a 33 1/3 % support tests - 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support tests - 2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

The Breast Cancer Relief Foundation

Employer identification number

94-3065923

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibitionb ☐ Scholarly researchc ☐ Preservation for future generationsd ☐ Loan or exchange programse ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment 0.00 %

b Permanent endowment 0.00 %

c Term endowment 0.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	157,389.		28,277.	129,112.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				129,112.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,796,530.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	39,752,788.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	43,742.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	43,742.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	39,796,530.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	39,796,530.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c (This should equal Form 990, Part I, line 12)	5	39,796,530.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	39,752,788.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	39,752,788.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	39,752,788.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

The Breast Cancer Relief Foundation

Employer identification number

94-3065923

**Part I**

**General Information on Activities Outside the United States.**

Complete if the organization

answered "Yes" to Form 990, Part IV, line 14b

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?



Yes



No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America			Med Relief	Medicines	22,148,382.
South America			Med Relief	Medicines	94,775.
Sub S Africa			Med Releif	Medicines	4,253,627.
<b>Totals</b>					26,496,784.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009



**Part IV****Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Part I, 2**

The Breast Cancer Relief Foundation monitors overseas donations by conducting field visits to: a) meet with hospital, government, or consignee officials connected with our medical donations; b) examine documents related to our donated medicines and products; and c) interview a select number of patients that have benefited from our donations.

Part II: TBCRF records and values pharmaceutical donations at the time each donation is received from corporations and non-profits. The valuation methodology employed by TBCRF to determine the fair market value for each donation is a conservative approach whereby the average wholesale price for each product is obtained from published price schedules and then that value is reduced by 33%

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,  
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

The Breast Cancer Relief Foundation

Employer identification number

94-3065923

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |  |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input checked="" type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations                     |  |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Creative Direct Resp	Mail		X	1,349,951.	176,916.	1,349,951.
Community Support	Phone		X	8,298,066.	7,480,329.	8,298,066.
Midwest Publishing	Phone		X	1,979,577.	1,371,369.	1,979,577.
Organizantial Dev	Phone		X	1,159,655.	771,483.	1,159,655.
Bee LC	Phone		X	127,429.	110,379.	127,429.
<b>Total</b>				12,914,678.	9,910,476.	12,914,678.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL AK AZ CA CO CT FL GA HI IL KS KY LA ME MD MA MI MN  
MS NH NJ NM NY ND NC OK OH OR PA RI SC TN UT VA WI WA  
WV

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

The Breast Cancer Relief Foundation

Employer identification number  
94-3065923**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.**

Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vida Y Salud Health							
308 Ce 78839- TX C	74-1715419	501 c 3	10,000.				BC Relief
Baptist Memorial							
350 N 38120- TN M	62-0123940	501 c 3	2,000.				BC Relief
Johns Hopkins U							
1101 E 21218- MD B	52-0591656	501 c 3	11,200.				Research
OHSU Foundation							
3181 S 97239- OR P	23-7083114	501 c 3	15,000.				BC Relief
Duke U Medical Cen							
512 S 27710- NC D	56-2247203	501 c 3	15,000.				Research
Health Care Founda							
of Nor 38801- MS T	64-0662976	501 c 3	5,500.				Mammograph
Georgia Health							
Scienc 30912- GA A	35-2310573	501 c 3	10,000.				Mammograph
Feist-Weller ISU							
920 Pi 71106- IA S	72-1402222	501 c 3	15,000.				Mammograph
Feist Weller Cance							
920 Pi 70116- IA N	72-1402222	501 c 3	5,000.				Underserve
Montefiore Medical							
Center 10467- NY B	13-1740114	501 c 3	5,000.				Underserve
Win Rockefeller							
Cancer 72701- AR F	71-6056774	501 c 3	15,000.				Mammograph
Rocky Mt Centers							
Founda 80228- CO D	84-1487121	501 c 3	5,000.				Mammograph
2 Enter total number of section 501(c)(3) and government organizations							29
3 Enter total number of other organizations							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

The Breast Cancer Relief Foundation

Employer identification number

94-3065923

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vida Y Salud Health Systems 78839- TX CRYSTAL	74-1715419	501 c 3	5,000.				BC Relief
New Mexico Cancer Center Fou 87109- NM ALBUQUERQUE	77-0591110	501 c 3	5,000.				BC Relief
MUSC Foundation Hollings C 29425- SC CHARLOTTE	57-6028985	501 c 3	10,000.				Mammogram
St Patrick Hospital & Health F 59806- MT MISSOULA	23-7056976	501 c 3	10,000.				Mammograph
Memorial Health Care System Fou 37404- TN CHATTANOOGA	62-1839548	501 c 3	10,000.				Mammograph
Nevada Cancer Instit One Breakt 89135- NV LAS VEGAS	04-3632553	501 c 3	10,000.				Mammograph
Moffitt Cancer Cente Foundation 33612- FL TAMPA	59-2451713	501 c 3	10,000.				Mammograph
May Bird Perkins Cancer Cen 70809- LA BATON ROUGE	23-7010520	501 c 3	10,000.				Mammograph
Tulane University 6823 St Ch 70118- LA NEW ORLEANS	72-0423889	501 c 3	60,000.				Research
Ephraim McDowell Health Car 40422- KY DANVILLE	61-0492356	501 c 3	10,000.				Mammograph
Fox Chase Cancer Cen 333 Cottma 19111- PA PHILADELPHIA	23-2003072	501 c 3	10,000.				Mammograph
ASCO Cancer Foundati 2318 Mill 22314- VA ALEXANDRIA	31-1667995	501 c 3	40,000.				Research
Mary Babb Randolph Cancer Cen 26506- WV MORROW	55-6011282	501 c 3	10,000.				Mammograph
Cheyenne Regional Medical Ce 82009- WY CHEYENNE	83-0236858	501 c 3	5,000.				BC Relief
Cheyenne Regional Medical Ca 82009- WY CHEYENNE	83-0236858	501 c 3	10,000.				Mammograph

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

## Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

► **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

Employer identification number

The Breast Cancer Relief Foundation

## Schedule I-1 (Form 990) 2009

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete** If the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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**2009**

Open to Public  
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Name of the organization

The Breast Cancer Relief Foundation

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94-3065923

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- ☐ Compensation committee  
☒ Independent compensation consultant  
☒ Form 990 or other organizations

- ☒ Written employment contract  
☒ Compensation survey or study  
☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule J (Form 990) 2009



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Elizabeth Landry served as Vice President of TBCRF in the prior reporting year

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► Complete if the organizations answered "Yes"  
on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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**2009**

Open To Public  
Inspection

Name of the organization

The Breast Cancer Relief Foundation

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94-3065923

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution- Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	10	26,362,484.	Discounted AWP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule M (Form 990) 2009

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public

Inspection

Name of the organization

The Breast Cancer Relief Foundation

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Page 6, Line 2: Annis D Tarver, Ph.D., a breast cancer survivor and  
Elizabeth Landry are mother daughter respectively.

Page 6, Line 10: Once the 990 is completed and reviewed by the preparer  
a copy is delivered electronically to each Board Member and Officer  
of TBCRF and they are encouraged to review and to voice any questions  
that they have before filing.

Page 6, Line 12: Each Officer and Board Member is provided a list  
of all major donors, vendors, and disqualified persons that TBCRF  
has done business with or anticipates doing business with. The  
Officers and Directors then disclose any relationships they may have  
with these vendors, donors, or disqualified persons.

Page 6, Line 15: Appropriate and reasonable compensation proposals are  
compared with the compensation paid to individuals in similar  
positions and organizations. These comparisons are made through  
the utilization of the following: 990s, compensation review guides,  
discussions with similar organizations, and evaluations made by outside  
professional advisors. If the compensations proposal is determined to  
be reasonable and appropriate, it is sent to the full Board of  
Directors for approval.

Name of the organization

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The organizations primary exempt purpose is to serve the unmet needs of individual's with breast cancer and other serious disease through education, detection, prevention, medical relief and research support.

Page 2 a) The Breast Cancer Relief Foundation (TBCRF) strives to save and improve the lives of those at risk of or suffering with breast cancer and related illnesses by supporting mammogram access, breast cancer research, and patient relief through financial assistance domestically and breast cancer and related health resources internationally.

TBCRF has a mission to serve the unmet needs of women with breast cancer in the United States and around the world through support and promotion of education and awareness, prevention, and early detection, medical assistance and relief, and innovative breast cancer research. We are committed to meeting the immediate needs of individuals who might otherwise go without treatment and working toward a world free of this terrible disease.

TBCRF is dedicated to educating individuals on breast cancer and its early detection. Access to good information is often the key to properly administering breast self-exams and knowing the warning signs of early stage breast cancer. TBCRF has established a website that also serves as an educational resource at <http://breastcancerrelief.org>

Our Mammogram Access Program seeks to help at-risk women gain access to mammography testing. We believe that every American woman should

Name of the organization

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have access to a mammogram, and we are supporting leading initiatives across the United States to help provide this needed tool. TBCRF has collaborated with programs at many institutes throughout the country helping to provide access to individuals who may not otherwise have been able to receive a mammogram. This very significant program has assisted many needy women not only with receiving mammograms - and in some case early diagnosis of breast cancer - but also with engaging them in a more consistent relationship with a health care provider and / or advocate who can help them in addressing all of their healthcare needs.

We believe strongly that lack of insurance, inadequate coverage or financial hardship should never prevent a woman from receiving the breast cancer treatment that she desperately needs. TBCRF continues to support poor patients in the United States and the developing world who require assistance in order to receive their required treatments. Through our Patient Relief Program, we provide financial assistance to underserved breast cancer patients across the United States through grant funding to cancer treatment institutions, hospitals, and clinics. The grant funding is administered by each institution's social services office with these funds being designated exclusively for breast cancer patients to alleviate the obstacles that might otherwise prevent a patient from receiving treatment. The need for this program is so critical because we are providing support to patients for items that are often overlooked, such as support for transportation, lodging, and insurance co-pays - supplemental items that frequently push patients into a financial

Name of the organization

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situations that prevents their ability to continue treatment. This type of assistance, while clearly financial in nature, has repeatedly shown itself to be of far greater value to the patient than simply the monetary amount.

Our mission to serve the unmet needs of women with breast cancer is a global one, so in addition to assisting women in the United States, we actively work to meet the needs of impoverished women in the developing world, where there is urgent need for medicines to treat breast cancer and its related side-effects and illnesses such as nausea, infection, and depression. TBCRF's programs are focused in some of the poorest countries of Latin America - Nicaragua, Honduras, Guatemala, El Salvador, Paraguay, and the Dominican Republic - though we are now also providing assistance in the Philippines and Ghana. We seek to expand this program to additional countries in the developing world in order to help women receive the medicines that they require to fight and win their battle with breast cancer.

TBCRF is committed to providing the most complete support possible for the patients we assist through access to high quality breast cancer therapies, antiemetics, antibiotics, and depression resources and therapies to address their needs. We are seeking to offer more early detection capabilities to the developing world by providing mammography units to diagnostic clinics that reach underserved and/or rural patients.

TBCRF also has an important history of supporting research. With our support, many prominent investigators at some of the leading



Name of the organization

The Breast Cancer Relief Foundation

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cancer institutes across the United States have made advances in breast cancer research. Our most recent support includes significant grant awards to cutting-edge breast cancer researchers at The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins in Baltimore and the Tulane Cancer Center in New Orleans, as well as providing a prestigious grant to ASCO (Conquer Cancer Foundation) for their annual Young Investigators Award in the area of breast cancer research. So in addition to TBCRF's strong focus on meeting the immediate needs of individuals who might otherwise go without treatment, we feel strongly about continuing to support innovative cancer research in the United States in order to collaborate in the work toward a world free of this terrible disease.

Page 2, b) The Breast Cancer Relief Foundation provides requested medicines and supplies to our partners at overseas hospital, clinics, and foundations to assist impoverished individuals suffering with serious chronic diseases and other illnesses.

TBCRF provides medical assistance and relief to poor patients in many developing countries through our Global Medical Assistance Program. We work with a number of overseas hospitals, governments, and foundations in the developing world in order to provide valuable medical goods so that impoverished patients do not have to go without the medicines that they require. Our primary focus countries are Honduras, Guatemala, Nicaragua, El Salvador, and the Dominican Republic. Through this program we have helped hundreds of thousands of vulnerable patients with various

Name of the organization

The Breast Cancer Relief Foundation

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chronic diseases and other illnesses such as cancer, diabetes, mental health illnesses, parasitic infections, HIV/AIDS, hemophilia, and cardiovascular disease. Our goal is to make this program sustainable and have a lasting effect on this region's poor who are in critical need of our help.

Page 2, c) The Breast Cancer Relief Foundation provides information, resources, and awareness about breast cancer and its early detection and prevention.

TBCRF is committed to providing accurate and informative educational resources to those that seek a better understanding of breast cancer and its causes, symptoms, early detection, and treatment. We believe that women can empower themselves through knowledge to reduce their chances of getting breast cancer by learning more about avoiding specific risks. For this reason, we make available our educational resources to millions of American homes - with the knowledge and action, together we can beat breast cancer. TBCRF also makes available more in-depth resources for individuals in their battle against cancer. These publications and resources are available only on an individual basis and quantities are limited. The website for our organization, <http://breastcancerrelief.org>, has useful information and describes the publications and resources that are available to the public upon request.

Breast cancer awareness, including the need for early detection and treatment, is being taken very seriously by individual Americans and

Name of the organization

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as a result survival rates are increasing. TBCRF is determined to  
keep the public informed and aware of the most up-to-date information  
concerning breast cancer prevention and detection as this information  
can empower individuals in the fight against breast cancer and  
ultimately save lives.

**US 990****Other Functional Expenses: Page 10, Line 24****2009**

Description of the Asset	Total	Program Services	Management and General	Fundraising
Handling Fees	151,680.	151,680.		
Caging	34,602.	7,786.	3,460.	23,356.
Consultants, Mkt	196,417.	44,194.	19,642.	132,581.
Data Processing	78,455.	16,583.	12,122.	49,750.
Mail List Rentals	128,081.	28,818.	12,808.	86,455.
Printing	307,583.	69,127.	31,075.	207,381.
Postage & Freight	602,003.	166,476.	59,129.	376,398.
Bank Charges	15,185.		15,185.	
Admin TM Programming	617,933.		617,933.	
Telephone	11,574.	2,301.	8,868.	405.
Dues and Subscription	1,553.		1,553.	
Registrations	19,595.		19,595.	
Repairs and Maint	5,305.		5,305.	
Vehicle	1,770.		1,770.	
Other	7,797.		7,797.	
	2,179,533.	486,965.	816,242.	876,326.

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CANCER CENTER FOR DETECTION AND PREVENTION", CHANGING ITS NAME FROM "CANCER CENTER FOR DETECTION AND PREVENTION" TO "THE BREAST CANCER RELIEF FOUNDATION", FILED IN THIS OFFICE ON THE SEVENTH DAY OF MARCH, A.D. 2011, AT 10 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

2143889 8100

110272416

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8622593

DATE: 03-14-11

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
(A CORPORATION WITHOUT CAPITAL STOCK)**

The corporation, Cancer Center for Detection and Prevention,  
organized and existing under the laws of the State of Delaware, hereby certifies as  
follows:

(1) That at a meeting a vote of the members of the governing body was taken  
for and against the amendment to the Certificate of Incorporation, said Amendment being  
as follows:

Article First shall be deleted in its entirety and  
replaced with the following:

First: The name of the corporation is: The Breast  
Cancer Relief Foundation

(2) That said amendment was duly adopted in accordance with the provisions of  
Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be  
signed this 3rd day of March, A.D. 2011.

By: \_\_\_\_\_



Authorized Officer

Name: Michael P. Whitehouse - CEO

Print or Type

Form **8868**

(Rev. April 2009)

Department of the Treasury

Internal Revenue Service

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **▶**

● If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐ **▶**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>The Breast Cancer Relief Foundation</b>	Employer identification number <b>94-3065923</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>615 Baronne St Suite 301</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>New Orleans LA 70113</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **Michael Whitehouse**

Telephone No. ▶ **504-529-3258** FAX No ▶ **504-529-3538**

● If the organization does not have an office or place of business in the United States, check this box ☐ **▶**

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year 20\_\_\_\_ or

▶ ☒ tax year beginning **Oct 01**, 20 **09**, and ending **Sep 30**, 20 **10**

**2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>The Breast Cancer Relief Foundation</b>
	Employer identification number <b>94-3065923</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>615 Baronne St Suite 301</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>New Orleans LA 70113</b>

Check type of return to be filed (File a separate application for each return)

- |  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Michael Whitehouse**  
Telephone No. **504-529-3258** FAX No. **504-529-3538**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **AUG 15, 20 11**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **Oct 01, 20 09**, and ending **Sep 30, 20 10**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **Detailed information required to accurate file 990 not yet completely available**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Chief Executive Officer** Title **Chief Executive Officer** Date **05/03/2011**

Form 8868 (Rev. 4-2009)